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 Commissioner for Patents  
 Washington, DC 20231  
 www.uspto.gov


Bib Data Sheet

CONFIRMATION NO. 7589

<b>SERIAL NUMBER</b> 09/443,692	<b>FILING DATE</b> 11/19/1999 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2662	<b>ATTORNEY DOCKET NO.</b> 13191	
<b>APPLICANTS</b> TAKESHI ANDO, TOKYO, JAPAN;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> JAPAN 10-330610 11/20/1998  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/20/1999</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 23389					
<b>TITLE</b> DATA PACKET MULTI-ACCESS COMMUNICATING METHOD AND TRANSMITTING AND RECEIVING APPARATUS THEREFOR					
<b>FILING FEE RECEIVED</b> 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/443,692	11/19/99	370	2739 2738	13191

APPLICANT

TAKESHI ANDO, TOKYO, JAPAN.

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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

None TL

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

None TL

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED JAPAN

10-330610

11/20/98

YES TL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/20/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>TL</u> Examiner's Initials	<u>TL</u> Initials	JPX	4	9
					8

ADDRESS

PAUL J ESATTO JR  
SCULLY SCOTT MURPHY AND PRESSER  
400 GARDEN CITY PLAZA  
GARDEN CITY NY 11530

TITLE

DATA PACKET MULTI-ACCESS COMMUNICATING METHOD AND TRANSMITTING AND  
RECEIVING APPARATUS THEREFOR

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ex. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,150		